

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586311

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/	51						
2	/	/	/	/	/	/	52						
3	/	/	/	/	/	/	53						
4	3	/	/	/	/	/	54						
5	3	/	/	/	/	/	55						
6	/	/	/	/	/	/	56						
7	/	/	/	/	/	/	57						
8	/	/	/	/	/	/	58						
9	/	/	/	/	/	/	59						
10	/	/	/	/	/	/	60						
11	/	/	/	/	/	/	61						
12	2	/	/	/	/	/	62						
13	/	/	/	/	/	/	63						
14	/	/	/	/	/	/	64						
15	/	/	/	/	/	/	65						
16	/	/	/	/	/	/	66						
17			/	/	/	/	67						
18			/	/	/	/	68						
19			/	/	/	/	69						
20			/	/	/	/	70						
21			/	/	/	/	71						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4										
TOTAL DEP.	17	←	17	←									
TOTAL CLAIMS	21		21										